

CLAIMS ONLY						Application Number <i>10/629070</i>		Filing Date			
						Applicant(s)					
4-13-05						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1			/				51				
2			/				52				
3			/				53				
4			/				54				
5			/				55				
6			/				56				
7			/				57				
8			/				58				
9			/				59				
10			/				60				
11			/				61				
12			/				62				
13			/				63				
14			/				64				
15			/				65				
16			/				66				
17			/				67				
18			/				68				
19			/				69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			3				Total Indep				
Total Depend			16				Total Depend				
Total Claims			19				Total Claims				